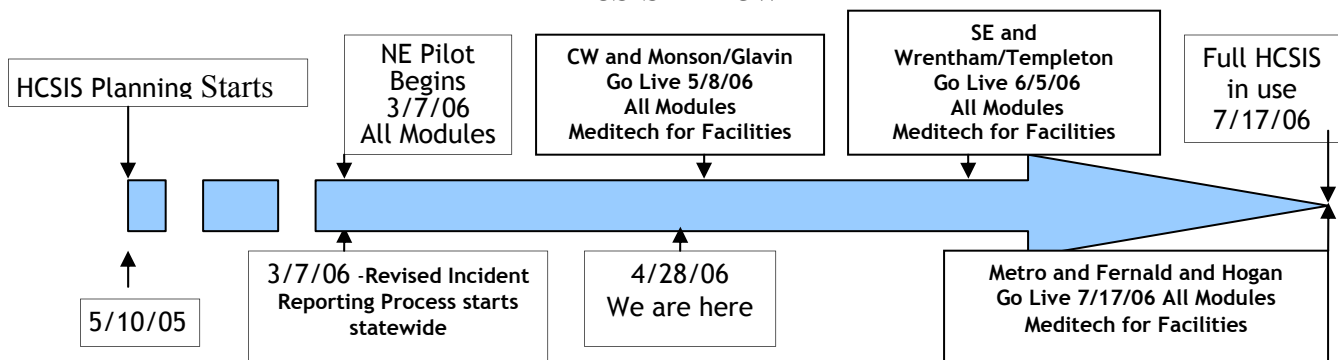# HCSIS Alert!

The dates for the CentralWest roll-out have been moved by one week. Instead of going live on May 1, 2006 they will go live on May 8. Monson and Glavin will also go live on May 8. The roll-outs for the other regions will be adjusted accordingly (See the ARROW).

A MATTER OF INTERPRETATION: We have enough experience through the Pilot and with the paper forms and functions to begin to assess how we are using the revised Incident Reporting process. A word about THRESHOLDS. When we revised the Incident Reporting process, we intentionally set the thresholds for what constitutes an incident at a higher level that we had before. This takes some getting used to. From a provider perspective we need to realize that not everything needs to be reported to DMR. Providers may want to track and record those events on their own and that is why we have the Optionally Reportable Events Feature in HCSIS. For Facilities, Areas, Regions, and Central Office it means coming to grips with not seeing everything like we had previously. None of this means that communication doesn't happen or shouldn't. It just means that the events that we call incidents, which DMR needs recorded in HCSIS, fall into a narrower range than previously reported. So if you are thinking that a particular event doesn't fit any of the categories we created, one question you should ask is – "Is this a DMR reportable Incident?" You may be amazed that the answer might be – "No". Keep the concept of THRESHOLD in mind whenever you consider filing an incident. If in doubt – talk to your Area Office or Facility Administrative resources.

MAJORS AND MINORS: The concept of major and minor events was a new one and has generated a great deal of confusion and misinterpretation. Most of you have probably been caught up in the words as reflecting how serious an impact the event has been to the individual involved. While that is always an important consideration, the concept of major and minor is used to reflect the level of review the event should receive. All events, whether major or minor, get reported and receive the attention needed to make sure the information is properly recorded and available to those who need to know about it. Think of a minor event as one that requires attention and action at the Area Office Level or at the Facility Level. Major events require attention and action at the Area/Facility, Regional and Central Office level. In most cases, when filling out an Incident Report, you just need to categorize the incident and the system will assign the level of review. All events are important. Not all need the same level of review.

HCSIS ARROW

HCSIS Planning Starts

NE Pilot
Begins
3/7/06
All Modules

CW and Monson/Glavin
Go Live 5/8/06
All Modules
Meditech for Facilities

SE and
Wrentham/Templeton
Go Live 6/5/06
All Modules
Meditech for Facilities

Full HCSIS
in use
7/17/06

5/10/05

3/7/06 -Revised Incident
Reporting Process starts
statewide

4/28/06
We are here

Metro and Fernald and Hogan
Go Live 7/17/06 All Modules
Meditech for Facilities

HCSIS Alert!

Many of the fixes identified in the NE have been made and more are scheduled to be completed before the May 8 go-live for CW. HCSIS just keeps getting better!

HEALTH CARE RECORD (HCR): If you are from the Northeast, you know about some issues we have encountered with the Health Care Record. For the rest of you, here is the rest of the story. The Health Care Record was created electronically in HCSIS to allow providers to create the record without having to duplicate the information at the Area Office and to make the record a living document – one that can be changed and updated as needed. A portion of the record was to be pre-populated with information drawn from the Meditech record at DMR. Unfortunately, DMR has not implemented that aspect of Meditech where that information lies, so there are blank fields of information in the Health Care Record. Our protocol calls for the HCR to be completed by the provider two weeks prior to the ISP. We have instructed providers to print out the HCR and to hand write in the missing fields of information and to send them along to DMR. The fields of information are easily completed – they are such things as Vision status, Hearing Status, Ambulation Status, etc. Other fields are more difficult, like Diagnostic Information: Level of Mental Retardation and Related Conditions. While providers generally have this information, before it is entered into Meditech, we will need to establish what the sources for this information need to be so we can ensure accurate data is in the system.

This work-around will continue to be used until we have the temporary electronic solution – allowing providers to electronically enter the information into HCSIS directly; and the permanent solution – having the information available in Meditech to pre-populate the HCR.

You will hear more about how to handle the HCR as your region approaches its go-live dates.

QUICK GUIDES: Our Training Unit has been pretty busy and has produced some Quick Guides for HCSIS. These guides will be posted on the DMR Home Page and will be available for the NE and CW immediately. So far we have quick guides for the following: Accessing Alerts, AO/Facility Management Review, Death Reporting, Filing an Extension, Health Care Record, IM Provider Supervisor, IM Supervisor, MORs, Provider IM, Regional Office/Asst. Comm. Management Review, Restraints, and Site-Based IM.

The Training Unit will also be publishing some Helpful Hints as well. More on those soon.

REMEMBER:
1. Share this Alert! with other people in your organization
2. Call Hans (617) 624-7781 or email at Hans.H.Toegel@state.ma.us with questions
3. Virtual Gateway Help Desk 1-800-421-0938